

JAN 21 2005

PART B - FEE(S) TRANSMITTAL

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7590

10/21/2004

CATHRYN CAMPBELL

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4370 LA JOLLA VILLAGE DRIVE

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/670,537	09/27/2000	Andrew P. Mazar	38369-169219	6771

TITLE OF INVENTION: DIAGNOSTIC PROBES AND THERAPEUTICS TARGETING UP A AND UP AR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$0	\$1370	01/21/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
JONES, DAMERON L	1616	424-001690

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02' or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ANGSTROM PHARMACEUTICALS, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SAN DIEGO, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502624 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date January 21, 2005

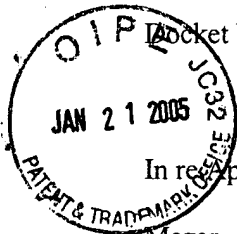
Typed or printed name

David A. Gay

Registration No. 39,200

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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File No.: 066782-0039

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of

Mazar, Andrew P., et al.

Application No.: 09/670,537

Filed: September 27, 2000

: Customer No.: 41552
: Confirmation No.: 6771
:
: Group Art Unit: 1616
: Allowed: October 21, 2004
: Examiner: Dameron L. Jones
:

For: DIAGNOSTIC PROBES AND THERAPEUTICS TARGETING uPA AND uPAR

CERTIFICATE OF MAILING BY EXPRESS MAIL(37 CFR § 1.10)

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Sarah Nunez

TRANSMITTAL FOR ISSUE FEE DUE

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Alexandria, VA 22313-1450


Sir:

In response to the Notice of Allowance and Issue Fee(s) Due mailed October 21, 2004. Please charge Deposit Account No. 502624 in the amount of \$700.00 for the Issue Fee and 10 Advance Copies. A copy of the Notice is submitted herewith, together with a duplicate copy of this page.

The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment, to Deposit Account No. 502624.

Respectfully submitted,

McDERMOTT WILL & EMERY LLP


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Date: January 21, 2005

**Please recognize our Customer No. 41552 as
our correspondence address.**